

WISCONSIN EPI EXPRESS

May 17, 2004

[Wisconsin Department of Health & Family Services](#)

Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom:

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1. ONLINE TRAINING ON HIV RISK ASSESSMENT IN WOMEN

Health Care Education and Training, Inc. (HCET) is a nonprofit agency that provides comprehensive education, training, and program development directed at enhancing reproductive and women's health care. HCET developed an online training module on HIV risk assessment in women. This continuing education program provides professionals working in women's health care settings with information needed to address HIV in family planning settings. The online training addresses HIV epidemiology, risk assessment, HIV testing, and integration of risk reduction counseling in family planning health services. Course objectives are directed at preparing learners to:

- discuss the importance of HIV risk assessment and early diagnosis of HIV in women;
- conduct HIV risk assessment with a focus on the special concerns of women; and
- assist women in developing an individualized plan for risk reduction.

The target audience for this training includes health educators, nurses, physicians, social workers, and other health care professionals who work in women's health care settings. Nurses who participate in this continuing education activity can obtain nursing contact hours by submitting required documentation and a nominal payment. *HIV Risk Assessment in Women: An HCET LearningLink On-line Training Module* is located on the web at:
<http://www.hcet.org/training/hiv.htm> .

For more information, contact Bill Reiser (608) 266-3073 or REISEWJ@dhfs.state.wi.us .

2. CDC DEAR COLLEAGUE LETTER RECOMMENDS STD PREVENTION SERVICES FOR MSM

On March 8, 2004, the Centers for Disease Control and Prevention (CDC) released a "Dear Colleague" letter addressing the need for sexually transmitted disease prevention services

directed to men who have sex with men (MSM). The letter was directed to public health programs and private providers who serve MSM.

The letter indicates that numerous reports document high rates of STDs among MSM that appear to be associated with resurgence in unsafe sexual practices:

- A survey of young MSM (aged 15 – 22 years) conducted in seven metropolitan areas between 1994 and 1998 found that seven percent had already acquired HIV infection and 11% had acquired hepatitis B (HBV) infection. Among young black MSM, 16% were already infected with HIV and 93% were unaware of their infection; those who were unaware of their infection were more likely to have had unprotected anal sex.
- Syphilis rates are increasing nationwide among MSM. CDC estimates that over 40% of all cases of primary and secondary syphilis in 2002 were among MSM. In San Francisco, where the number of cases of early syphilis increased 10-fold between 1998 and 2002, 88% of all cases in 2002 were among MSM, two-thirds of who were co-infected with HIV.

CDC's 2002 STD treatment guidelines call for comprehensive STD prevention services care for MSM, including:

- testing for HIV, syphilis, gonorrhea, and chlamydia at least annually, and
- vaccination against hepatitis A and B.

Clinicians are encouraged to routinely identify sexually active MSM and to consistently provide all recommended STD prevention services. HIV and STD prevention program managers offering behavioral and/or clinical interventions to MSM are encouraged to look for ways to structure service delivery to address all STDs. Wherever MSM access services, they should be able to obtain or be referred for all of the recommended STD prevention services.

The following websites and references, identified by CDC, can assist clinicians and HIV prevention program staff in addressing the issues of STD and hepatitis prevention among MSM:

Websites:

CDC websites containing information and educational materials on STD prevention among MSM and on adult vaccination:

www.cdc.gov/hepatitis
www.cdc.gov/std/treatment
www.cdc.gov/hiv
www.cdc.gov/nip

Other online resources for information about MSM health and information about hepatitis A and B immunizations:

www.gayhealth.com
www.glma.org
www.immunize.org

References:

1. CDC. Unrecognized HIV infection, risk behaviors and perceptions of risk among young black men who have sex with men – six US cities, 1994-1998. MMWR 2002;51:733-736.

2. CDC. Hepatitis A vaccination of men who have sex with men – Atlanta, GA 1996-1997. MMWR 1998;47:708-711.
3. CDC. Sexually Transmitted Diseases Treatment Guidelines, 2002. MMWR 2002;51(RR-6):1-84.
4. Cotter S, Sansom L, Long T. Outbreak of hepatitis A among men who have sex with men: implications for hepatitis A vaccination strategies. J Infect Dis 2003;187:1235-40.
5. MacKellar D, Valleroy L, Secura G, et. al. Two decades after vaccine license: hepatitis B immunization and infection among young men who have sex with men. Am J Public Health 2001;91:965-971.

For more information, contact Bill Reiser (608) 266-3073 or REISEWJ@dhfs.state.wi.us .

3. FLUOROQUINOLONE RESISTANT N. GONORRHOEAE

In many laboratories throughout Wisconsin, amplified molecular testing has replaced culture as a test method for detecting *Neisseria gonorrhoeae*. A few Wisconsin laboratories, including the Milwaukee City Health Department Laboratory do continue to offer culture as a test method, and can provide antimicrobial susceptibility testing for *N. gonorrhoeae*. The April 30th, 2004 issue of MMWR describes the increases found in fluoroquinolone-resistant *N. gonorrhoeae* among men who have sex with men in the United States and revises the recommendations for gonorrhea treatment. In the absence of antimicrobial susceptibility testing or tests of cure, the revised CDC recommendations state that fluoroquinolones should no longer be used to treat proven or suspected gonococcal infections in men who have sex with men (MSM) in the United States <http://www.cdc.gov/mmwr> . It is located under publications, MMWR weekly, current volumes - April 23, vol. 53, #16.

For more information contact Lori Amsterdam (608) 267-5220 or amstete@dhfs.state.wi.us .

4. CDC HEALTHY PETS HEALTHY PEOPLE WEBSITE

Diseases associated with pets and other domestic animals are much in the news lately, both here in Wisconsin, and across the nation. Because of this, we thought it might be useful to draw the attention of our readers who were not already aware of it, to a very good website, **Healthy Pets Healthy People**, maintained by the National Center for Infectious Diseases (NCID) <http://www.cdc.gov/healthypets/index.htm> .

The site contains a great deal of useful information, and can be browsed or searched both by animal and by disease. It also has separate sections devoted specifically to people who are at special risk from infection and to information for health professionals as well as links to an extensive listing of other worthwhile resources.

For more information on human health concerns associated with pet and other domestic animals, contact Jim Kazmierczak, DVM, State Public Health Vet (608) 266-2154 or kazmijj@dhfs.state.wi.us .

5. FALSELY POSITIVE RAPID ASSAY TESTS FOR CRYPTOSPORIDIUM ANTIGEN, WISCONSIN, 2003-2004

In 2001, Wisconsin Division of Public Health (DPH) and Wisconsin State Laboratory of Hygiene (WSLH) identified false-positive *Cryptosporidium* test results associated with the use of

commercial, rapid membrane EIA kits [1]. Subsequently, false-positive test results have been identified in Wisconsin, Minnesota, Kansas, and Colorado [2,3,4]. These events have resulted in the manufacturer's voluntary recall of multiple lots of *Cryptosporidium* antigen tests kits in 2002 and recently in 2004 [1,3,4].

During June 2003 through March 2004, DPH and WSLH conducted a study to evaluate the screening kits. Fifty-nine fecal specimens collected from patients with positive *Cryptosporidium* test results identified through the use of commercial screening kits such as Immunocard®, ColorPac®, and Prospect® EIA, were sent to WSLH for confirmation testing using direct fluorescent antibody (DFA) and hot safranin modified acid-fast stains. During this period, 58% (34 of the 59) of the confirmation tests were negative for *Cryptosporidium* which suggested that the positive EIA test results of these 34 specimens were false positive results. The proportion of false-positive EIA test results was high throughout the study and increased from 39% (13/33) in June - September 2003, to 69% (9/13) in October -December 2003, and 92% (12/13) during January-March 2004. During periods of low disease prevalence (November 2003 – March 2004), the reliability of these tests is reduced due to the low positive predictive value (PPV).

False-positive test results interfere with disease surveillance and may lead to misdiagnosis and inappropriate management of patients. The DPH recommends that positive *Cryptosporidium* test results with commercial rapid membrane or microwell EIA kits be confirmed using a DFA assay and/or hot safranin modified acid-fast stain. The WSLH provides free shipping of specimens and confirmatory testing for all positive results with commercial rapid screening assays. Confirmatory tests will include Merifluor® DFA for *Cryptosporidium* and hot safranin modified acid-fast stains.

Following is information regarding laboratory *Cryptosporidium* confirmatory testing and protocol for the submission of specimens (Appendix 1).

Appendix 1:

Laboratory criteria and protocol for submission of specimens for *Cryptosporidium* confirmatory testing

Specimens determined to be positive for *Cryptosporidium* by any of the commercially available rapid membrane or microwell EIA kits should be sent to the Wisconsin State Laboratory of Hygiene for confirmatory testing. Rapid assays for which confirmatory testing should be performed following positive results include:

- Meridian Immunocard STAT! *Cryptosporidium*/Giardia;
- Becton Dickinson ColorPAC Giardia/*Cryptosporidium*;
- ProsPecT *Cryptosporidium* Rapid Assay; and
- Any other test performed for which the reliability of the positive test for *Cryptosporidium* is in question.

Protocol for submission of specimens:

- Stool specimens acceptable for submission to the Wisconsin State Laboratory of Hygiene for confirmatory testing include:
 - Formalin preserved (ParaPak, SAF, MAF, other) for DFA and modified acid-fast stain; and
 - Unpreserved stool for PCR studies.
- For all specimens to be submitted:

- Complete a WSLH requisition and note on the requisition that the specimen is for confirmation of a positive *Cryptosporidium* screening test.
- Call Dunham Express at 1-800-236-7127 and use the WSLH account #7271 for the shipment of specimens with overnight delivery.
- Results of DFA testing and modified acid-fast stain will be phoned to the submitting institution and a laboratory report will be generated. However, PCR methodology is currently part of an ongoing research project and results will not be reported at this time.

References:

1. Centers for Disease Control and Prevention. Public health dispatch: Manufacturer's recall of rapid assay kits based on false positive *Cryptosporidium* antigen tests--Wisconsin, 2002-2002. MMWR, 2002; 51: 189.
2. Centers for Disease Control and Prevention. False-positive *Cryptosporidium* rapid assay tests--Wisconsin and Minnesota. The Epidemic Information Exchange (Epi-X) posted July 31, 2002.
3. Centers for Disease Control and Prevention. Manufacturer's recall of rapid cartridge assay kits on the basis of false-positive *Cryptosporidium* antigen tests--Colorado, 2004. MMWR, 2004; 53: 198.
4. Centers for Disease Control and Prevention. Manufacturer's recall of *Cryptosporidium* antigen tests--Colorado. The Epidemic Information Exchange (Epi-X) posted March 3, 2004.

If you have any questions regarding *Cryptosporidium* surveillance, please contact Diep (Zip) Hoang Johnson, DPH (608) 267-7422 or hoangdk@dhfs.state.wi.us . Questions about laboratory testing or specimen submission may be directed to Dr. Dave Warshauer, WSLH (608) 265-9115 or Tim Monson (608) 263-3421.

6. BUREAU OF COMMUNICABLE DISEASES & PREPAREDNESS (BCD) PHONE LIST

Please note the BCD phone list can be found in the HAN under Topics, Communicable, Communicable Disease Phone List (BCD phone list external.doc). Revisions will be posted as necessary. If you do not have an account on the HAN, please go to https://www.han.wisc.edu/mod_phom/index.jsp .

For more information, contact Cindy Paulson (608) 266-9376 or paulscl@dhfs.state.wi.us .

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting

To be added to or removed from the distribution list contact:

Cindy Paulson: paulscl@dhfs.state.wi.us (608) 267-9376

To comment on topics in this issue:

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